

10/585054

AP20 Rec'd PCT/PTO 30 JUN 2006

## APPLICATION DATA SHEET

### Application Information

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form (CRF)?:: No

Number of Copies of CRF::

Title:: DIUREA DERIVATIVES

Attorney Docket Number:: 1003301-000277

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 1

Small Entity?:: No

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Sweden

Status:: Full Capacity

Given Name:: Aina

Middle Name:: Lisbeth

Family Name:: ABRAMO

Name Suffix::

City of Residence:: Bjarred

State or Province of Residence::

Country of Residence:: Sweden

Street of Mailing Address:: Jaravallsvagen 30

City of Mailing Address:: Bjarred

State or Province of Mailing  
Address::

Country of Mailing Address:: Sweden

Postal or Zip Code of Mailing 237 33

Address::

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Sweden

Status:: Full Capacity

Given Name:: Lars Olof

Middle Name:: Goran

Family Name:: PETTERSSON

Name Suffix::

City of Residence:: Lund

State or Province of Residence::

Country of Residence:: Sweden

Street of Mailing Address:: Mollebacken 8

City of Mailing Address:: Lund

State or Province of Mailing  
Address::

Country of Mailing Address:: Sweden

Postal or Zip Code of Mailing  
Address:: 226 50

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Sweden

Status:: Full Capacity

Given Name:: Kerstin

Middle Name:: Ingalill

Family Name:: ANDERSSON

Name Suffix::

City of Residence:: Malmö

State or Province of Residence::

Country of Residence:: Sweden

Street of Mailing Address:: Kungsörnsgratan 24

City of Mailing Address:: Malmö

State or Province of Mailing  
Address::

Country of Mailing Address:: Sweden

Postal or Zip Code of Mailing  
Address:: 215 61

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Sweden

Status:: Full Capacity

Given Name:: Asa

Middle Name:: Anette

Family Name:: SUNDSTEDT

Name Suffix::

City of Residence:: Malmö

State or Province of Residence::

Country of Residence:: Sweden

Street of Mailing Address:: Södra Promenaden 39 B

City of Mailing Address:: Malmö

State or Province of Mailing  
Address::

Country of Mailing Address:: Sweden

Postal or Zip Code of Mailing  
Address:: 211 38

### **Correspondence Information**

Correspondence Customer Number:: **21839**

Phone Number:: 703.836.6620

Fax Number: 703.836.2021

### **Representative Information**

Representative Customer Number:: **21839**

### **Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
This Application	National Stage of	PCT/SE2005/000054	01/19/2005
U.S. Provisional		60/451,231	02/04/2004

### **Foreign Priority Information**

<b>Country::</b>	<b>Application Number::</b>	<b>Filing Date::</b>	<b>Priority Claimed::</b>
Sweden	0400213-5	02/04/04	Yes

## **Assignee Information**

Assignee Name::	ACTIVE BIOTECH AB
Street of Mailing Address::	Scheelevagen 22 Box 724
City of Mailing Address::	Lund
State or Province of Mailing Address::	
Country of Mailing Address::	Sweden
Postal or Zip Code of Mailing Address::	220 07